

**ADMINISTRATIVE MEMO  
PROTECTION AND SAFETY  
# 11-12-16-05**

Date: December 16, 2005

To: Protection and Safety Staff  
Resource Development Staff

From: Todd Reckling, Protection and Safety Administrator

Re: **Completion of a Home Study and Use of the Standardized Home Study Format**

Purpose: The purpose of this memo is to clarify requirements related to home studies and to explain usage of the Standardized Home Study Format.

Effective Dates:

- Information required for each type of home study: No home study completed after 01/01/06 will be considered complete without the required information.
- Required usage of the Standardized Home Study Format: As soon as the format is available on N-FOCUS.

## **HOME STUDY REQUIREMENTS**

A home study is completed for one of five **purposes**:

1. Adoptive Placement
2. Foster Care Placement
3. Relative Placement
4. Placement with non-relative previously known to the child
5. Parental Placement \*\*

The three **types** of home studies are:

1. Approval Home Study\*\*
2. Adoptive Home Study
3. Foster Care Home Study

At the end of this memo is a matrix that identifies the categories of information that must be present for each **type** of home study to be considered complete.

[\*\*When a home study for a parental placement is requested by another state (through ICPC), the home study must include all elements of an Approval Home Study.

For emergency approval of relatives or persons known to the child, see Program Memo #2-2004, which lists requirements and time frames during which the emergency approval remains valid. Because of the limited amount of information required and the short-term allowance for this type of approval, the information should be documented in the narrative section of the child's file on N-FOCUS; it need not be put into a separate home study document. For additional information, please see 390 NAC 7-004.02, and Administrative Memo #2-04 Non-Emergency.

Prior to placement of an HHS ward with a non-custodial parent, an approval home study is required. At a minimum, it shall include a face-to-face visit with the non-custodial parent at his or her home, assurance there is adequate housing, assurance that the non-custodial parent is able to adequately meet the needs of the child, and background checks (for all household members age 13 or older, checks of the CPS Central Register and APS Central Registry; additionally, for all household members age 18 or older, a Sex Offender Registry check, a local law enforcement check, and a NE State Patrol check, which can begin with an emergency name-only check and then be followed by the usual State check. This information must be recorded in the narrative in the child's file on N-FOCUS.

ICJ Home Evaluations are NOT completed with this format. The format which is required for these evaluations can be found on the HHS Protection and Safety Worker web site.]

### **Use of the Standardized Home Study Format**

As stated above, the requirement re: home study contents is effective on January 1, 2006. Use of the of the Standardized Home Study Format will remain optional UNTIL it is available on N-FOCUS. We anticipate its inclusion in the March, 2006 release. For persons or service areas wanting to start using the Format now, it is available on Template and can be accessed as follows:

- Go to Word
- Click on File
- Click on New
- Click on NFOCUS tab
- Double click on HOME STUDY.doc

Staff will then be able to save the document in their own files and work on it as needed. Instructions for completing each section of the document are *italicized* in each section. These instructions can be accessed by clicking on the Word show/hide icon. This icon is located in the top right hand corner of the tool bar and resembles a paragraph symbol. The italicized information will NOT be present when the document is printed. To print the *italicized/hidden* text:

- Go to File
- Click on Print
- Click on Options in the lower left-hand corner of the window
- Click on hidden text in the middle section of the window
- The hidden text will be printed.

The **purpose** of the home study is chosen and identified on Page 1 of the Standardized Home Study Format.

The appropriate sections/fields of the Standardized Home Study Format will be completed to satisfy the requirements for the **type** of home study being completed. The sections/fields that do NOT need to be completed can either be deleted or answered as "not applicable."

If you have any questions regarding this format or implementation please contact Rita Krusemark, Program Specialist in Central Office, by email or phone at 402-471-9254.

## Standardized Home Study Format Matrix

\*The sections/fields that do NOT need to be completed can either be deleted or answered as "not applicable".

<b><u>STANDARDIZED HOME STUDY</u></b>		<b><u>TYPES OF HOME STUDIES</u></b>	
<b>SECTIONS/FIELDS</b>	<b>APPROVAL HOME STUDY (Non-emergency. For emergency and parental studies, see body of memo)</b>	<b>LICENSED FOSTER CARE HOME STUDY</b>	<b>ADOPTIVE CARE HOME STUDY</b>
<b>APPLICANT(S)</b> Name(s) <b>Date(s) of Birth</b> Social Security Number(s) Address (Street or Mailing) <b>City, State, Zip Code</b>  <b>TELEPHONE NUMBER(S)</b> (Home, Work, Cellular)  <b>PURPOSE OF HOME STUDY</b>  <b>COMPLETED BY</b> Name and Credentials Agency Address Phone Number  <b>DATE HOME STUDY COMPLETED</b>  <b>AGENCY CONTACTS</b> A. Date of Referral B. Referral Source C. Prior Contacts or Studies Completed D. Personal Interviews E. Foster Parent Training Completed F. Self Studies Completed G. Other	YES  YES  YES  YES  YES  YES  YES  YES	YES  YES  YES  YES  YES  YES  YES  YES	YES  YES  YES  YES  YES  YES  YES  YES
<b>CHILD SPECIFIC INFORMATION</b> A. Child's Name B. Child's Current Location C. Is this an ICPC case? D. Anticipated placement date	YES	*Only complete this section when the foster care placement is for a specific child	*Only complete this section when the adoptive placement is for a specific child
<b>LICENSED RELATIVE HOME</b> A. Training Waived B. If Training Waived, has family met the criteria in 474 NAC 6-003.34B?	NO  *This section is not applicable for approval home studies.	*Only complete this section when the foster parents are also relatives of the child(ren), when they are being licensed, and the training required for licensure is being waived.  *If the answer to "A" is "no", then do not complete "B"	*Only complete this section when the adoptive parents are also relatives of the child(ren), when they are being licensed, and the training required for licensure is being waived.  *If the answer to "A" is "no", then do not complete "B"
<b>I. REGISTER, LAW ENFORCEMENT CHECKS, AND CLEARANCES:</b> National Criminal History (fingerprints) Nebraska State Patrol Check Nebraska Sex Offender Registry Local Law Enforcement Check Nebraska Child Abuse/Neglect Register Nebraska Adult Abuse/Neglect Register	YES  *Exception: The National Criminal History Check is not required for parents or stepparents.	YES  *Exception: The National Criminal History Check is not required for parents or stepparents.	YES  *Exception: The National Criminal History Check is not required for parents or stepparents.

SECTIONS/FIELDS	APPROVAL HOME STUDY	FOSTER CARE HOME STUDY	ADOPTIVE CARE HOME STUDY
<b>APPROVAL STATUS FORM REQUIRED</b>	YES Provide dates signed by SAA (or designee) and Central Office designee, when applicable	NO *This section only applies to approval home studies.	NO *This section only applies to approval home studies.
<b>II. BACKGROUND AND PERSONALITY OF APPLICANT(S) AND OTHER ADULTS LIVING IN THE HOME</b> 1. Birth date, Birth Place, Age of applicant(s) 2. Education 3. Employment 4. Personality and Maturity 5. Family Background 6. Significant life experiences 7. Social Problems 8. Relationship between adults living in the home  <b>Children</b> 1. Name of child(ren) a. Birth Date and grade level b. Relationship to each applicant c. Description of child d. Child's perception of foster care/ adoption and ability to relate appropriately	YES           *Only complete "Children" section when there are children residing in the home; fulltime or part-time.	YES           *Only complete "Children" section when there are children residing in the home; fulltime or part-time.	YES           *Only complete "Children" section when there are children residing in the home; fulltime or part-time.
<b>III. MARRIAGE</b> A. Previous marriages B. Applicants' date of marriage to each other C. Current marital functioning 1. Decision making process 2. Resolution of conflicts 3. Attitude of each applicant toward spouse's family. 4. If infertility problems exist, how have they been resolved?	YES   *Only complete this section if the applicant(s) are currently married and/or have ever been married.	YES   *Only complete this section if the applicant(s) are currently married and/or have ever been married.	YES   *Only complete this section if the applicant(s) are currently married and/or have ever been married.
<b>IV. FAMILY LIFE STYLE</b> A. Interests, activities, and hobbies of family members B. Religion C. Living arrangements 1. Physical description of home 2. If applicant(s) are interested in placement of a child with physical handicap. 3. Sleeping arrangements. D. Income and financial management of Household 1. Income and assets. 2. Monthly expenses. 3. Ability to live within income. 4. Insurance plans including medical, dental and vision, and life. 5. Unusual expenditures and circumstances. E. Community resources and support systems. 1. Extended family members and friends 2. School 3. Churches, temples, Synagogues, etc. 4. Medical practitioners and facilities. 5. Other supports identified by the applicants. F. Changes anticipated in life style after a child is placed.	YES  *Only complete field "C #2" when the applicant(s) is interested in placement of a specific child with a physical disability.	YES  *Complete field "C #2" when the applicant(s) is willing to consider placement of a child with a physical disability.	YES  *Complete field "C #2" when the applicant(s) is willing to consider placement of a child with a physical disability.

SECTIONS/FIELDS	APPROVAL HOME STUDY	FOSTER CARE HOME STUDY	ADOPTIVE CARE HOME STUDY
<b>V. PARENTAL EXPERIENCES</b> A. Parenting Style and experience with children. B. Nurturing style. C. Methods of Discipline. D. Expectation of children in the applicant's home E. Understanding of and ability to meet a child's physical and emotional needs.	*Only complete this section when applicant(s) have a child(ren) or have previously cared for a child(ren) in their home	*Only complete this section when applicant(s) have a child(ren) or have previously cared for a child(ren) in their home	*Only complete this section when applicant(s) have a child(ren) or have previously cared for a child(ren) in their home
<b>VI. MOTIVATION TO FOSTER/ADOPT CHILDREN</b> A. How and when the intention to foster/adopt children came about. B. Feelings of other family members, including children, about the decision to foster/adopt children. C. Attitudes of both applicants toward child's birth parents and family history, including willingness to maintain contact with the birth family. D. Ability and willingness to work with the placing agency and service providers. E. Understanding of and interest in open adoption. F. Plans for assimilating a child with identified special needs into the present family. G. If adoption occurs, how will the child be told of his/her adoption and background?	YES  Complete this section for all approval home studies including parent, stepparent, relative, and persons previously known to the child.  *Only complete fields "E", "F", & "G", when applicable)	YES  Complete this section for all foster care home studies including parent, stepparent, relative, persons previously known to the child, and traditional foster parents.  *Only complete fields "E", "F", & "G", when applicable)	YES  Complete this section for all adoptive care home studies including parent, stepparent, relative, persons previously known to the child, and traditional foster/ adoptive parents.  *Only complete field "F", when applicable)
<b>VII. REFERENCES</b> A. Number of references contacted on behalf of each applicant. B. Number of references contacted on behalf of each applicant. C. If an Adoptive Home Study, were references obtained from current employers on behalf of each applicant? D. Strengths identified in references. E. Areas of concern identified in references.	YES  *Do not complete field "C" for approval home studies.	YES  * Do not complete field "C" for foster care home studies.	YES
<b>VIII. MEDICAL REPORT OF APPLICANTS</b> A. Health Information Report 1. Applicant 1: A signed Health Information Report is in the permanent file regarding this applicant? 2. Applicant 2: A signed Health Information Report is in the permanent file regarding this applicant? B. Identification of any condition which may be expected to affect parenting ability. C. Treatment Plan. 1. Applicant 1 2. Applicant 2	YES	YES	YES
<b>IX. EVALUATION</b> A. Strengths of applicants B. Limitations of applicants C. Recommendations for additional training or support for applicants.	YES	YES	YES

SECTIONS/FIELDS	APPROVAL HOME STUDY	FOSTER CARE HOME STUDY	ADOPTIVE CARE HOME STUDY
<b>X. RECOMMENDATIONS</b> A. Statement of approval or disapproval for the placement of children in this home. B. Type of child to be considered for placement. <ol style="list-style-type: none"> <li>1. Age range</li> <li>2. Gender</li> <li>3. Physical handicap</li> <li>4. Emotional handicap</li> <li>5. Learning disability</li> <li>6. Mental Retardation</li> <li>7. Child in need of placement with siblings</li> <li>8. Medical risk</li> <li>9. Child in need of openness in adoption</li> <li>10. Legal risk</li> </ol>	YES  *Identify the child(ren), but do not complete sub-section "B"	YES  *When the foster care home study is being completed for placement of a specific child(ren), identify the child, but do not complete sub-section "B"	YES  *When the adoptive care home study is being completed for placement of a specific child(ren), identify the child, but do not complete sub-section "B".
<b>XI. SIGNATURES</b>	YES	YES	YES